

INFORMATION AND COMMUNICATION SERVICES
NIH - TASK ORDER

RFTOP# 133

**TITLE: Planning, Developing, Implementing, and Evaluating
NHLBI Health Communications and Education and
Outreach Activities**

PART I – REQUEST FOR TASK ORDER PROPOSALS

A. POINT OF CONTACT NAME: Joanna Magginas
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Proposal Address:	Billing Address:
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B. PROPOSED PERIOD OF PERFORMANCE: Three years from date of award

C. TASK DESCRIPTION: See Below.

D. TECHNICAL EVALUATION FACTORS: See Attachment.

E. RESPONSE DUE DATE: June 23, 2003

F. PRICING METHOD: Cost Reimbursement

G. PROPOSAL INSTRUCTIONS: See Below.

NOTE: All questions must be submitted to Joanna Magginas at magginaj@nhlbi.nih.gov by June 4, 2003 (close of business).

I. Statement of Work

NOTE TO OFFERORS: This RFTOP procurement will result in the award of a performance-based task order. As such, offerors shall propose measurable performance standards, in each work plan (see below), to enable assessment of contractor work performance. A Quality Assurance Surveillance Plan (QASP) will be negotiated in which specific key performance requirements and incentives will be identified.

A. Background Information

1. Project Description

The contractor shall provide planning, development, implementation, and evaluation services to the National Heart, Lung, and Blood Institute's (NHLBI) Office of Prevention, Education, and Control (OPEC) in support of the health education and outreach initiatives, which include but are not limited to, health communications and educational products and activities and community outreach activities targeting professional and patient and public audiences.

Four education and outreach projects are currently ongoing at different stages of development. They are: 1) Repositioning of the National High Blood Pressure Education Program; 2) Sleep Well...Do Well...Star Sleeper Campaign; 3) Act in Time to Heart Attack Signs; and 4) Native Hawaiian Kupuna-based Heart Health Education and Outreach. These four projects are described in Attachment 1 below.

The four projects support the President's *HealthierUS* initiative, the DHHS Secretary's, *Steps to a HealthierUS* initiative, and DHHS' *Steps to Better Your Health*, which focuses on health promotion factors that help determine health now and for the future. The projects will assure that effective messages are delivered directly to the American people to encourage personal responsibility and compassionate care by communities in regard to cardiovascular disease and sleep disorders, which are related to both hypertension and obesity.

As part of all the education and outreach activities' planning process, the NHLBI is seeking to work with outside organizations that have already been active in developing similar communications and education and outreach efforts in order to avoid duplicating efforts and involve them in the activities as well as obtain their input on the most appropriate role for the NHLBI. The contractor shall work with the NHLBI in recruiting and sustaining national and local level partnerships to assist the Institute in implementing the health communications and education and outreach activities. Note: Outside organizations which have worked with or are currently working with the NHLBI may be found in the reference materials below and in Attachment 1 of the Statement of Work (SOW).

2. Need for the Procurement/Background

The NHLBI is Congressionally mandated to plan, conduct, foster, and support an integrated and coordinated program of basic research, clinical and epidemiological studies, and demonstration and education projects into the causes, prevention, diagnosis, and treatment of diseases of the heart, lungs, and blood vessels, and sleep disorders.

Within the NHLBI, the OPEC holds the lead responsibility for initiating educational activities and for translating research findings into programs and products for use by a diverse audience of health care providers, public health practitioners, patients, and the general public.

B. Objectives

The purpose of this procurement is to obtain services for the planning, development, implementation, and evaluation of NHLBI health communications and education and outreach activities, which include but are not limited to, health communications and educational products and activities, and community outreach activities targeting professional and patient and public audiences.

The activities for the four ongoing projects should be implemented based on their stage of development as indicated in Attachment 1. The implementation may be on the national level and/or at selected regional/local levels, and should be in partnership with strategically selected organizations. Projects should be designed to employ state-of-the-art communication techniques and a variety of communication channels and program strategies.

II. Services to be Performed

NOTE: The four projects outlined in Attachment 1 will be transferred to the successful offeror upon task order award.

TASK 1: PROJECT MANAGEMENT AND ADMINISTRATION

The contractor shall provide a project manager for the period of performance of this task order who shall serve as the principal point of contact with the Government and who shall be responsible for preparing reports and plans, supervising project staff, issuing assignments, monitoring contract progress, and maintaining budget control.

The contractor shall develop, implement, and maintain a project management and administrative plan that can both forecast and report information regarding staff time and resources allocated and used for each phase of each project. Associated costs, both direct and indirect, shall be reported monthly on a routine basis by project and by task. Funds remaining in the contract shall also be reported monthly on a routine basis by project and by task. This information shall be made readily available when requested by the NHLBI Project Officer. [For solicitation purposes, the contractor shall describe the controls that will be used to satisfy this requirement.] The contractor shall hold regular meetings and/or conference calls with the NHLBI Project Officer at the NHLBI.

[For solicitation purposes, the offeror should assume one meeting/week in year 1 of the contract and one meeting/month in each of years 2 and 3 of the contract.]

TASK 2: STRATEGIC PLANNING AND FORMATIVE RESEARCH

The contractor shall develop creative, innovative, and strategic 1-year work plans, complete with proposed itemized costs, for each education and outreach project identified in Attachment 1. The Project Officer shall review each project work plan and approve the plan before any work starts. Each plan shall describe the project and the objective, provide a cost-effective strategy for implementation, name staff and subcontractors who will participate or contribute, and provide a time line as well as performance

measures for the project. The work plan shall also show expected labor hours and labor costs, and costs for subcontractors and other sources, such as design, photography, or printing, etc. If in the Project Officer's judgment a project is falling unacceptably behind the planned schedule, the Contractor shall identify what actions to be taken to get back on schedule.

The project work plans shall have a sound theoretical foundation and be based on health behavior and health communication models that have been shown to be effective in reaching the chosen target audiences. Each work plan shall provide an overview of the environment for the project, the specific objectives of the project, and the activities that will achieve those objectives.

At the end of each year, the Contractor shall assess the development and implementation process and associated products to determine ways to improve both, and discuss problem areas and potential improvements with the Project Officer. This information shall be addressed in the Final Report or Evaluation Report.

Subtask 2a. Formative Research: In developing each project work plan, the contractor shall take into consideration the results of the formative research described in the following subtasks:

Subtask 2a1. Target Audience Analysis: The contractor shall identify one or more primary target audiences (and one or more secondary audiences, if necessary) and the rationale for selecting each audience. The contractor shall give consideration to relevant minority audiences, African Americans, Asian Americans and Pacific Islanders, Latinos, and Native Americans and Alaska Natives.

The contractor shall use state-of-the-art formative research techniques to conduct audience analysis, including audience segmentation. This analysis shall include, but not be limited to, existing information on prevalence of the problem; assessments of awareness, knowledge, attitudes, and behavior; psychographic and lifestyle information; demographic information; media habits; orientation towards health; psychological characteristics; and other relevant information about the audience(s).

Subtask 2a2. Existing Program Analysis: The contractor shall conduct an analysis of competing and complementary messages and programs and shall show the position of the NHLBI message within the context of similar messages and programs.

Subtask 2b. Strategic Project Plan: The contractor shall develop an annual strategic project plan, which encompasses all of the communication and education and outreach projects and that includes the following activities, if relevant:

- # Results of the target audience(s) analysis (Subtask 2a1).
- # Results of the analysis of competing and complementary programs and messages (Subtask 2b2).
- # Project goals and objectives.
- # Recommendations for a mix of communication products, marketing strategies, dissemination channels, and outreach activities to achieve the objectives of the project. The project plan shall include strategies for national-level awareness activities and regional/local-level outreach efforts.
- # Recommendations which include approaches to releasing products and staging events/activities in phases, as appropriate, during the 3-year task order period.
- # Strategies for identifying and selecting potential organizations with whom NHLBI can form strategic partnerships.
- # Strategies for involving NHLBI partners in implementing the project—national and regional/local outreach activities.
- # Research-based recommendations for priority target geographic regions and local communities in the United States for outreach efforts.
- # Recommendations for implementing the relevant Tasks 3 through 5.

TASK 3: CONCEPT DEVELOPMENT, MESSAGE TESTING, IDENTIFYING COMMUNICATION CHANNELS, AND MATERIALS DEVELOPMENT

NOTE: Task 3 applies only to projects 3 and 4. (see Attachment 1)

The contractor, in conjunction with the designated OPEC project team, shall be responsible for the following subtasks:

Subtask 3a. Develop and Test Message Concepts: The contractor shall develop message concepts that are appropriate for and appealing to the target audience(s). The message concepts shall address the unique needs of each audience segment (such as ethnicity/culture, language, reading ability, etc.)

The contractor shall test message concepts in the developmental stages to ensure that they are clear, credible, effective, and easily understood and recalled by the intended audience. The contractor shall produce the messages in forms suitable for testing and shall submit a written summary of test results. The research methods used to test the materials will be selected by the NHLBI Project Officer in consultation with the contractor, and may include focus groups, professional review, mall intercepts, one-on-one testing, as well as other techniques.

[For solicitation purposes, assume eight focus groups per year for 2 years.]

Subtask 3b. Identify Communication Channels and Recommend Outreach Activities: The contractor shall identify and recommend a mix of national and community-level communication channels for reaching the target audience(s). The contractor shall also recommend special events and outreach activities for reaching audiences at the national and regional/local levels.

[For solicitation purposes, assume up to five national, regional and/or local events per year for 3 years.]

Subtask 3c. Materials Development: The contractor shall be responsible for the design and production of a variety of communication and outreach materials. The materials shall include, but not be limited to, mass media products, print material, and interactive Internet-based products. The actual mix of materials produced for this project will be an outgrowth of the marketing and communication planning process. The contractor shall develop program materials that are understandable, relevant, attention-getting and memorable, attractive, credible, and acceptable to the target audience(s). The contractor also shall develop and implement a plan of quality control procedures to be used throughout the cycle of material/product development. [For solicitation purposes, assume 3 TV PSAs, 12 radio PSAs, 4 print PSAs, 1 Web site, two 12-page brochures, 2 posters, 1 PowerPoint presentation, one 10-minute video, 1 community action kit, and 1 marketing flyer for the Act in Time project over the 3-year period.]

Subtask 3d. Test Communications and Outreach Materials: The contractor shall test communications/outreach materials in the developmental stages to ensure that the messages are clear, credible, effective, and easily understood and recalled by the intended audience. The contractor shall produce the materials in forms suitable for testing and shall submit a written summary of test results. The contractor shall also be responsible for incorporating the findings into the final version of the materials. The research methods used to test the materials will be selected by the NHLBI Project Officer in consultation with the contractor, and may include focus groups, professional review, mall intercepts, one-on-one testing, as well as other techniques.

[For solicitation purposes, assume testing of three TV PSAs in year 01.]

TASK 4: PROGRAM IMPLEMENTATION

NOTE: Subtask 4a. applies only to project 3; subtasks 4b - 4d apply to all four projects (see Attachment 1).

The contractor shall be responsible for the following subtasks:

Subtask 4a. Plan, Coordinate, and Implement Project Launch: The contractor shall work with the designated OPEC project team to plan and conduct a kickoff event to launch the Act in Time to Heart Attack Signs media campaign. This may include planning and preparing materials for a national press conference.

Subtask 4b. Materials Distribution: The contractor shall work with the designated OPEC project team to develop and implement a phased marketing plan for materials' dissemination. The contractor shall be responsible for purchasing mailing lists for program materials and products, as necessary. As part of the plan, the contractor shall demonstrate the ability to

package and deliver mass media products, including but not limited to, television and radio PSAs, print PSAs, and display ads (e.g. posters, bus cards, dioramas for airport advertising). Moreover, the contractor shall demonstrate expertise and success in securing program recognition and exposure through channels such as coverage in newspapers, magazines, professional journals, conference exhibits and presentations, and national television news stories.

The contractor shall also be responsible for designing and maintaining interactive Web pages that support and promote the program, and for Internet-based marketing of education and outreach materials and messages.

[For solicitation purposes, offerors shall ensure that the electronic and information technology (EIT) developed for each project adheres to Section 508 of the Rehabilitation Act. For further information on the Act, see <http://508.nih.gov>]

[For solicitation purposes, assume purchase of mailing lists to reach 50,000 health care providers/professional association members three times.]

Subtask 4c. Coordinate Involvement of Program Partners and NHLBI National Education Programs and

Initiatives: The contractor shall work with the designated OPEC project team to attract and retain a strong core of strategic program partners who will assist the NHLBI in implementing the education and outreach activities. The program partners may include, but not be limited to, Federal, State, and local Government agencies, voluntary health organizations, health professional organizations, patient organizations, hospitals and other health care facilities, and media.

In developing and disseminating messages and forming partnerships, the contractor shall also work with relevant NHLBI national education programs and initiatives, for example, the National Cholesterol Education Program, National High Blood Pressure Education Program, National Heart Attack Alert Program, National Asthma Education and Prevention Program, NHLBI Obesity Education Initiative, NHLBI Women's Heart Health Education Initiative, National Center on Sleep Disorders Research, as well as other special initiatives of the Institute.

[For solicitation purposes, assume development and maintenance of relationships of up to 3 to 5 partners for each project.]

Subtask 4d. Provide Support for Local Community Program Outreach Activities: The contractor shall work with the designated OPEC project team to stimulate regional and local community implementation of education and outreach activities. This may include, but not be limited to, assisting in the recruitment of regional and local partners; developing a community tool kit and hometown press kit; providing local/regional/ national contacts or linkages that will assist in the development of local outreach activities; and developing a community spotlight section for the activities' Web pages.

[For solicitation purposes, assume outreach activities in three local media markets for three projects in 2 years.]

TASK 5: EVALUATION

The contractor shall design and carry out a series of evaluation activities for each of the four projects that will both capture the results of the national and regional/local community education and outreach activities and provide direction for future activities.

Subtask 5a. Evaluate National Health Communications and Education and Outreach Activities: The contractor shall develop and conduct a coherent and practical system of evaluating the implementation process and outcomes of the national education and outreach activities. The system of evaluation shall use a variety of indicators that are appropriate to the communications strategies being evaluated.

For the television PSAs, the contractor shall be responsible for obtaining, analyzing, and reporting data on how often the TV PSAs are aired and other measures of effectiveness.

The contractor shall also monitor news media (including online media) coverage of the activities, and Web site visitors.

Subtask 5b. Evaluate Scope of Regional/Local Communications and Education and Outreach Activities: The contractor shall develop a system of monitoring and reporting on regional and local education and outreach activities, including but not limited to, types and numbers of activities, geographic locations, and attendance or potential audience reach. Results of the national and regional/local education and outreach activities' evaluation shall be included in the progress reports, as appropriate and in a final evaluation report at the conclusion of the task order.

Work Plans for Ongoing Health Communication and Education and Outreach Projects

In responding to the RFTOP, offerors should exemplify their approach to the task order requirements by preparing work plans for each of the four ongoing communications and education and outreach projects described in Attachment 1: 1) Repositioning of the National High Blood Pressure Education Program; 2) Sleep Well...Do Well...Star Sleeper Campaign; 3) Act in Time to Heart Attack Signs; and 4) Native Hawaiian Kupuna-based Heart Health Education and Outreach. The four communications and education and outreach projects are at various stages of development, and each work plan should be based on and tailored to that project's current status.

The project work plans shall have a sound theoretical foundation and be based on health behavior and health communication models that have been shown to be effective in reaching the relevant target audiences. The work plans shall provide an overview of the environment for each project, the specific objectives of the project, and the activities that will achieve those objectives.

The 1-year work plans shall be complete with proposed itemized costs. Each plan shall describe the proposed project and the objective, provide a cost-effective strategy for implementation, name staff and subcontractors who will participate or contribute, and provide a time line and performance measures for the project. The work plan shall also show expected labor hours and labor costs, as well as costs for subcontractors and other sources, such as design, photography, or printing, etc.

The four work plans should be written in addition to the offeror's response to carrying out the tasks under the SOW. Each work plan must adhere to a 10-page limit (40 pages total) including charts, graphs, and other visuals. Offerors should submit the four work plans in a separate section of the technical proposal.

REPORTING REQUIREMENTS

A. Technical Progress Reports

1. **Monthly Reports:** Two reproducible copies shall be due 10 calendar days after the end of each month. Reports shall be in narrative form, and include all activity conducted during the previous month. Monthly reports shall include:
 - A quantitative and qualitative description of overall progress including the hours and dollars expended by task activity as well by individual project work plan during that month, and funds remaining in the task order and in each project work plan;
 - An indication of any current problems that may impede performance, and proposed corrective action; and
 - A discussion of the work to be performed during the next monthly reporting period.
2. **Strategic Project Plan:** Two copies of Strategic Project Plan for the task order (as described under Subtask 2b) shall be due 3 months after task order award. The costs for each project as well as the individual project work plans shall be included in the Strategic Project Plan.
3. **Annual Update to the Strategic Project Plan:** The contractor shall submit two copies of the Annual Update to the Strategic Project Plan for NHLBI Project Officer approval. The plan shall detail the objectives to be met and program strategies to be implemented during the period of performance.
4. **Final Report or Evaluation Report:** Two reproducible copies of a final report shall be submitted 30 days prior to expiration of the task order.
5. **Data Files, Disks, and Media Master Copies:** The contractor shall deliver to the NHLBI Project Officer, on or before the last day of the task order period of performance, all master copies of all materials produced during the task order period. This includes all originals (print materials and graphics), disks, videos, CD-ROMs, DVDs, negatives, photographs, slides, computer files and any other media or print master copies. The materials shall be clearly marked and an inventory of all materials shall be included.

6. Technical Reports as Directed by the NHLBI Project Officer: The contractor shall prepare additional technical reports based on the SOW as specified by the NHLBI Project Officer.

DELIVERABLES

Satisfactory performance of the final contract shall be deemed to occur upon delivery and acceptance by the Contracting Officer, or the duly authorized representative, of the following items, or their equivalent, during each year of the contract, in accordance with the stated delivery schedule:

<u>Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Delivery Schedule</u>
1	Strategic Project Plan	2	3 months after award
2	Annual Update to Strategic Plan	2	30 days prior to the start of
3	Final Report or Evaluation Report	2	30 days prior to expiration
4	Monthly Report	2	10 days after end of each
		month	
5	Formative Research Reports	2	per Task 2a
6	Concept, Message, and Material Testing Reports	2	per Subtasks 3a, 3b, 3d
7	Education and Outreach Activity Materials	TBD	per Subtasks 3c, 4b, 4c
8	Project Evaluation Documents and Reports	2	per Task 5
9	Electronic Files of Web Pages	all	end of contract

All the above items (1-9) shall be delivered to the NHLBI Project Officer. Copies of the monthly reports and annual update to strategic plans only shall be delivered to the Contracting Officer. Addresses are as follows:

Project Officer
NHLBI/OPEC
31 Center Drive MSC 2480
Bldg. 31 Room 4A10
Bethesda, MD 20892-2480

Contracting Officer
NHLBI/DEA/Contracts Operations Branch
BDR Contracts Section
6701 Rockledge Drive MSC 7902 (Room 6138)
Bethesda, MD 20892-7902

Reference Materials

The NHLBI strongly recommends that offerors become familiar with the following reference materials. They are intended to assist offerors in the preparation of their proposals. Failure of offerors to examine the reference materials prior to proposal preparation and submittal will be at the offeror's risk.

Description of Ongoing OPEC Communications and Education and Outreach Activities (Attachment 1)

www.nhlbi.nih.gov/missionpossible

<http://hin.nhlbi.nih.gov>

<http://starsleep.nhlbi.nih.gov>

<http://hin.nhlbi.nih.gov/actintime>http://www.nhlbi.nih.gov/actintime/ab_site.htm
<http://www.nhlbi.nih.gov/actintime>

http://hin.nhlbi.nih.gov/minority/asn_frameset.htm

<http://www.kidnetic.com/>

<http://www.bam.gov/>

<http://www.cdc.gov/powerfulbones>

<http://www.healthyfridge.org/justforkids>

http://www.missionnutrition.ca/english/students/students_home.asp

<http://www.dole5aday.com/>

IV. Technical Evaluation Criteria

Proposals submitted in response to this solicitation will be subjected to an in-house review by an ad hoc committee of the NHLBI and other NIH staff who are familiar with the requirements of the RFP.

Specific technical evaluation criteria to be considered in the review of proposals are shown below:

- | | | |
|----|---|-----------|
| 1. | Understanding of the Requirements and Adequacy of the Proposed Approach | 35 points |
|----|---|-----------|

Evaluation will be based on the offeror's response to Task Areas 1-5 and on the four work plans prepared for the ongoing communications and education and outreach projects. The evaluation will focus on the understanding of the kind and level of support required, the quality of the technical approach, and the quality, efficiency, and effectiveness of the work products described and demonstrated by the proposal. The contractor shall demonstrate expertise and success in developing culturally sensitive materials; creative and attractive graphic design; print material design and layout; public service announcement (PSA) production and video production; Web site design; photographs; PowerPoint presentations; and other products. The offeror must provide a detailed plan for an effective system of quality control, citing examples of its experience with the types of errors that may be encountered in work of the kind to be performed under this task order and the mechanisms that it has in place to guard against future occurrence of such errors.

2. Qualifications of Personnel

30 points

The personnel to be used under this task order will be evaluated on the basis of experience, qualifications, and availability. The personnel shall be appropriate for the level and kind of work required. Qualifications and experience will be evaluated as follows:

The program manager shall be a senior staff member of the organization. He/she shall be evaluated on prior performance and demonstrated ability in effective program management and cost and quality control.

Supporting materials shall include a curriculum vitae and statements of reference concerning management activities similar to those solicited. If the proposal includes subcontracting relationships, evidence must be provided of the ability of the program manager to ensure timely completion of quality work from a subcontractor.

The qualifications, availability, and experience of proposed professional staff to work under this task order (and, if proposed, those committed in writing but not yet working with the organization) will be evaluated on the basis of curricula vitae, statements of reference (letters and memos complimenting the individual for high-quality work), and samples of work. Work samples will be judged in terms of ability to develop materials that are appropriate, clear, and succinct. Correct use of grammar, quality of editing, and absence of jargon are imperative. The proposal itself will be considered a work sample, and contributors to the proposal shall be identified by name and corresponding section of the proposal.

3. Organization and Administration

20 points

Clarity and effectiveness of organizational relationships, including relationships with subcontractor(s), if any, expected ease and efficiency of management and control, and company commitment to this task order will be evaluated. Particular emphasis will be placed upon the management structure proposed for any subcontracting relationships. If the proposal includes subcontracting relationships, it is imperative that the contributions of each organization be clearly identified and the methods relied upon to ensure effective integration of activities be specified in detail. A subcontractor may augment, but may not supply the full expertise for, any of the five task areas of the task order.

4. Related Experience of the Organization 15 points

The experience of the organization as described in the proposal and in statements of reference (letters or memos from satisfied customers) will be evaluated. Organization's experience must show substantial expertise in projects similar to those described in the RFTOP. The suitability of facilities and resources for performance of the proposed task order will be evaluated.

Total Weight 100 points

V. Special Requirements

1. Offerors should limit the size of their technical proposals to 60 pages of text, which includes 40 pages for the four ongoing project work plans. There should be 1-inch margins all around, and the font should be Arial 11 pt. or Times New Roman 12 pt. Staff bios, CVs, statements of reference supporting program manager's previous management activities, work samples, and letters from satisfied customers are not included in the 60-page limit.
2. An original and 12 copies of the technical proposal and an original and 2 copies of the business proposal should be submitted. Costs should be broken down as follows: 8/1/03 - 7/31/04; 8/1/04 - 7/31/05; 8/1/05 - 7/31/06. The total estimated effort is 50,220 hours.
3. To assure rapid response to changing program needs, and to assure adequate day-to-day management of complex activities that must be conducted in close concert with activities of NHLBI staff, other Federal agencies, and other contractors, the project staff of the successful offeror must be available to meet with program staff at the NIH in Bethesda with as little as 2 hours advance notice. The offeror must submit a plan to meet this requirement. Thus, offerors are required to submit evidence of the ability to obtain the necessary facilities, equipment, and personnel. The description shall identify those personnel who would be available. Also, the arrangement, whether firm or contingent upon award, for the rental, purchase, or other acquisition of resources necessary for the day-to-day operation shall be described and supportive evidence furnished for resources not yet functional.
4. To assure rapid response to changing program needs, and to assure adequate day-to-day management of complex activities that must be conducted in close concert with activities of NHLBI staff, other Federal agencies, and other contractors, it is imperative that the offeror demonstrate convincingly for any proposed subcontracting relationships its ability to ensure responsiveness to the needs of the Institute and to maintain management accountability. The extent to which any proposed subcontracting relationship is integrated into the offeror's proposal will be considered relevant evidence on this issue.
5. The NHLBI serves as the lead agency for the national research effort directed toward cardiovascular, pulmonary, and hematologic diseases, sleep disorders, and blood resources, and its communications are distributed widely with target audiences including the Congress of the United States, the Department of Health and Human Services, other Executive Branch Departments, the medical care and scientific research communities, and the public. Therefore, it is imperative that all materials and services delivered to the Institute be provided in a timely and accurate manner

and that all materials leaving the Institute be error free and received by the proper audiences.

ATTACHMENT 1

Ongoing OPEC Health Communications and Education and Outreach Activities

1. Repositioning of the National High Blood Pressure Education Program–Implementation and Evaluation

Cardiovascular disease (CVD) is the leading cause of death and illness in the United States, and high blood pressure, which affects 1 in 4 American adults, is a major risk factor. High blood pressure also can lead to stroke and kidney disease, the number three and number nine causes of death in the U.S.

The National High Blood Pressure Education Program (NHBPEP), which is coordinated by the OPEC, NHLBI, was created in 1972 to prevent, detect, and control high blood pressure to improve the life expectancy and quality of life for all Americans. As a result of the Program, almost all Americans have had their blood pressure measured, and high blood pressure control rates have almost tripled. We now have vastly better resources, knowledge, and treatments to control high blood pressure. But a major program goal—that 50 percent of Americans with high blood pressure have it under control—has yet to be fulfilled.

Nearly 2 years ago, OPEC initiated a major effort to reposition the NHBPEP, analyzing multiple environmental issues and interviewing a myriad of stakeholders. Focus groups with people with heart disease risk factors were also conducted, and a set of core materials for potential partners were developed. The core materials are:

- # A marketing brochure for potential partners, showing the impact of high blood pressure on America's health and health care costs and pointing out how potential partners can become involved in "Mission Possible" to prevent and control high blood pressure;
- # A set of six "partner sheets," each for a different type of commercial or nonprofit entity— e.g., grocery chains, managed care organizations, physician groups—spelling out some of the kinds of activities that type of organization can conduct as part of "Mission Possible"; and
- # A set of six easy-to-read, 1-page fact sheets on high blood pressure prevention and control for targeted public audiences that partners can use or adapt for their own constituents.

These materials are available on a new "Mission Possible" Web site for partners and potential partners at www.nhlbi.nih.gov/missionpossible.

Under this task order, contractor services are needed to implement and evaluate a national outreach and education campaign titled, "Prevent and Control America's High Blood Pressure: Mission Possible," to increase awareness in all segments of society of the personal and public health risks associated with high blood pressure and improve its prevention and control. The primary objectives of the program are to revitalize public and health care professional awareness of the risks of high blood pressure; encourage corporate and nonprofit organizations to take action to improve high blood pressure prevention and control among their customers, employees, and other constituents; and encourage individuals to take steps, even small ones, to incorporate heart health behaviors into their lifestyles. The campaign should seek to "put a face on high blood pressure" to demonstrate to the corporate and nonprofit sectors that high blood pressure prevention and control is "America's business."

2. Sleep Well. Do Well. Star Sleeper Campaign

Sleep problems are estimated to affect about 70 million Americans of every age, race, and socioeconomic level, and there is a growing body of scientific evidence showing that inadequate sleep results in tiredness, difficulties with focused attention, irritability, easy frustration, and difficulty modulating impulses and emotions. This is as true for children as it is for adults, although little attention has been paid to the problem of sleep in children. In addition, sleep disorders are often not recognized in children, and symptoms related to sleep deprivation may be erroneously attributed to hyperactivity or behavior disorders, to boredom with school, or to today's hectic lifestyles.

In 1998, the Advisory Board of the National Center on Sleep Disorders Research (NCSDR) at the NHLBI agreed to give priority to reaching young people with messages about the importance of obtaining adequate sleep, and the dangers of sleep deprivation.

A major educational outreach initiative was organized to bring together national and local organizations to implement strategies to create greater public awareness of the importance of sleep for children, ages 7-11. The goal is to instill in children at a time when they are receptive to this kind of message the understanding that adequate nighttime sleep—at least 9 hours each night on a regular basis—is important. The basic message, which was tested with representatives of the target audience, is that getting enough sleep each night will help you do your best in whatever you do, including school activities, sports, and other extracurricular activities, and good family relationships and friendships.

The campaign is a collaboration with Paws, Inc., the creative studio behind Garfield the cat, the popular cartoon character, and Garfield is the campaign's "spokescat." A 5-year agreement between the NHLBI and Paws, executed in August 1999, permits the NHLBI to use the Garfield characters and Paws' creative resources relevant to the campaign. The agreement can be extended for several additional years.

Other founding partners of the Campaign are the American Academy of Pediatrics, the National Association of Elementary School Principals, and the American Academy of Sleep Medicine.

The Campaign's theme is Sleep Well. Do Well, and Garfield is the Star Sleeper.

The Campaign was launched in February 2001 at a major press conference at the Capital Children's Museum where the NHLBI, joined by the Garfield character and representatives of the three founding partner organizations, presented awards to three children who had won a national Garfield contest posted on the NCSDR and Paws' Web sites in early October 2000. The 2-month contest challenged children in grades one through five to write the ending for a comic strip which showed Garfield lamenting that he had stayed up too late last night and was so tired today that he did something wrong or silly.

In conjunction with the press conference, a Garfield Star Sleeper Web site was launched at <http://starsleep.nhlbi.nih.gov>. Other campaign products include a Fun Pad, a 48-page book of games and puzzles with embedded sleep messages, and a 16-inch tall plush Garfield doll in his Star Sleeper "Jammies." The Fun Pad can be downloaded from the Star Sleeper Web site. It is also available from the NHLBI catalog, as is the plush doll.

Since the launch, the campaign has focused on developing activities with founding partners, as well as several other organizations, including the National Association of School Nurses, the Better Sleep Council,

and the National Sleep Foundation. Another focus has been on ongoing media outreach, taking advantage of seasonal events, such as Back to School and End of Daylight Savings Time, and on local outreach in communities where major partners are holding their Annual Meetings. A TV PSA was distributed in the summer of 2001 and was extremely well received.

In the fall of 2002, the Web site was revamped to provide games for children, and materials for teachers, parents, and pediatricians have been posted there. A kit of materials for educators has also been created. A second national contest was conducted titled, “How I Get a Heap of Sleep,” for which children were required to list three things they do each night to help them get a good night’s sleep and why. More than 1,100 entries were received, and three grand prize and 20 first prize winners were selected. The grand prize winners were brought to Washington in early 2003 for a press conference with Garfield who presented them their prizes.”

As part of the implementation of the campaign, contractor services are needed to assist the NHLBI in working with outside organizations that have already indicated a willingness to partner in this effort. In addition, NHLBI seeks new and nontraditional partners in its effort to sustain momentum and to truly reach children, their parents, teachers, and pediatricians with messages about the importance of adequate sleep.

3. Act in Time to Heart Attack Signs

Coronary heart disease (CHD) is the single largest cause of morbidity and mortality in the United States. This year an estimated 1.1 million people in the United States will suffer a new or recurrent coronary event (defined as myocardial infarction or fatal CHD). About 650,000 of these will be first attacks and 450,000 will be recurrent. Over 495,000 of the people who experience a coronary attack in a given year will die from it. About 250,000 individuals a year will die of CHD without being hospitalized (AHA 2002 Heart and Stroke Statistical Update).

On September 10, 2001, the NHLBI in cooperation with the American Heart Association (AHA) held a joint press conference in Washington D.C. to issue a “Call to Action” that urged physicians to educate their patients about heart attack risk, warning signs, and survival, notably the importance of calling 9-1-1 in response to heart attack symptoms. This call to action was also featured in a joint NHLBI/AHA editorial in the September 11, 2001 issue of *Circulation*.

The timing of the *Circulation* editorial and the press conference was intended to take advantage of the date 9-11 and to highlight the launch of the “Act In Time To Heart Attack Signs” campaign. The campaign offers educational materials for both the public and health care professionals. A major thrust of the campaign as well is to address the DHHS Healthy People 2010 Objectives for the Nation related to early recognition and response to individuals with acute coronary syndromes to: 1) Increase the proportion of the U.S. adult public, aged 20 and older, who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1; and 2) Increase the proportion of eligible patients with heart attacks who receive definitive artery-opening therapy within an hour of symptom onset. Partners in the campaign include the AHA, the American Red Cross, and the National Council on Aging (NCoA).

Since the launch of the *Act In Time To Heart Attack Signs* campaign in September 2001, NHLBI has focused on marketing and distributing Act In Time in a number of ways, notably by working with the project's partners—the AHA, Red Cross, and NCoA—who worked with the NHAAP in message development (notably the AHA), pilot testing, and co-branding of the campaign materials. These partners have made extensive efforts to integrate the use of Act In Time into existing activities and to encourage

intensive and sustained use of the materials in local chapters and networks. Significant headway has been made in disseminating the campaign messages and materials. Act In Time is now being integrated into AHA's 150 Operation Heartbeat sites across the country. NHLBI produced a comprehensive "Integration Ideas Fact Sheet" to facilitate this process. AHA disseminated the fact sheet and materials through direct mail, special email notices, and other means. As a result, Operation Heartbeat sites are currently using the materials as part of ongoing local activities such as American Heart Walks. Use of Act in Time was even included in the Operation Heartbeat performance plans as a "recommended element."

The NCoA made a commitment to use Act in Time in 1,000 senior centers. These centers serve tens of thousands of clients, including many in high-risk communities. More than 500 centers have already ordered materials and many provided data on how they are being used.

The Act in Time Small Group Session has been made an official Red Cross course. The Red Cross sent Act in Time materials to all its 1,200 chapters nationwide. Using their own resources, they also produced a special course which combines the Act in Time messages with an existing Red Cross course on reducing cardiovascular disease risk. They also developed a special marketing kit to help the chapters promote the class in their communities. The courses are on the Red Cross staff Intranet.

The NHAAP Coordinating Committee organizations are priority partners for adoption of the messages and materials into their local networks and community outreach efforts. At the February meeting of the NHAAP Coordinating Committee, the Committee members heard presentations on the background of the "Act In Time" campaign, the campaign materials, the campaign launch, and opportunities to disseminate the campaign through their organizational networks. Representatives of organizations on the Education Subcommittee completed tentative plans for informing their organizations of the Act In Time campaign. Since the meeting, marketing flyers were included as part of the annual meeting materials at the American College of Preventive Medicine's 2002 meeting and the American Academy of Physician Assistants, along with a presentation by the representative. The American College of Cardiology (ACC) has been especially responsive in disseminating information about Act in Time to its members. A special notice was posted at the top of the ACC Web site, an e-mail update was sent to members, a notice will be included in ACC News, and the materials will become part of "OSCAR," the ACC database of resource materials.

Finally, all NHAAP Coordinating Committee members received an electronic "Act In Time" Advocacy package (May 2002) that provides them with ready-made tools and ideas for actively participating in the campaign. The package includes: PowerPoint slides; a drop-in article for publication in newsletters, journals, and Web sites; a drop-in text announcement for insertion into publications; a camera-ready display for insertion by the organizations' advertising department or publisher; ready-made Web link text, buttons, and banners; HTML and text e-mail templates for an organization's online network; and ideas for advocating act in time.

Beyond the partners and the Coordinating Committee, since the launch of the campaign, the NHLBI has mailed the marketing flyer to 100,000 hospitals, community clinics, managed care organizations, worksite programs, and other groups. The DHHS Office of Women's Health sent a special e-mail notice and a sample of the campaign materials to their national network of Centers of Excellence in Women's Health and the National Community Centers of Excellence across the country. A joint marketing letter and special mailing was done for the site coordinators of the Association of Women's Health, Obstetric and Neonatal Nurses.

The Internet and exhibits are also being employed to market the Act In Time campaign. In terms of media relations, a new press release promoting the materials was sent out during Heart Month in February, and went to health and consumer magazines, health columnists, Sunday Supplements, and other outlets. A release targeting African American and Hispanic outlets was also done in early 2002.

In FY 03 the Act in Time Campaign has focused on developing and maintaining national and local partnerships to ensure that the campaign messages and materials receive widespread and sustained use, and completing the development of the full set of planned campaign materials.

Systematic work with Coordinating Committee organizations to disseminate campaign materials is continuing. The representative and/or the national offices are being contacted with specific proposals for dissemination. An electronic "Advocacy Package" (described in the Progress Report) was prepared and disseminated to all Coordinating Committee organizations to facilitate this process. Organizations that reach priority audiences will receive special emphasis. For example, the National Black Nurses Association (NBNA) is being targeted for extensive outreach, including direct mail of campaign materials with a joint letter, materials distribution at the NBNA national conference, a newsletter article, a link to the campaign web site, and other methods of ensuring that the NBNA members have access to and can deliver Act in Time materials as they work in their communities.

The AHA and the Society of Chest Pain Centers and Providers (SCPCP), both members of the Coordinating Committee, have expressed interest in working together to conduct outreach activities about heart attack on the local level. Both organizations already have been involved in the campaign at the national level. The AHA has disseminated Act in Time materials to all Operation Heartbeat sites nationwide, and the SCPCP has done the same for its members. The next step is to carry out more intensive education activities in five local sites. Charlotte, North Carolina, the first site, was chosen because of the State's high rates of heart disease mortality, as well as the interest expressed by both Carolinas Medical Center Chest Pain Center and Operation Heartbeat/Charlotte in planning and conducting a local Act in Time campaign. The National Heart, Lung, and Blood Institute has assisted in project planning, and will offer support in making media contacts and developing sample media materials, providing "starter kits" of campaign materials, and other ways as needed.

In FY 03, a Spanish version of the "Act In Time To Heart Attack Signs" video was produced as well as a Spanish version of the lesson plan developed in English, to be appended to the Salud community education course.

The Heart Attack Awareness Campaign team is continuing to work on additional educational materials that are planned, including an easy-to-read version of the core brochure in English and Spanish; and a brochure addressing acute presentations in women based on the results of the Women's Ischemic Syndrome Evaluation Workshop sponsored by the Division of Heart and Vascular Diseases, October 2-4, 2002.

Under this task order, the NHAAP wishes to expand these efforts to a special communications project on

Heart Attack Symptoms in Women. As such, the contractor shall develop and implement a communications plan to raise public awareness of the specific heart attack symptoms in women. This effort will support the planned release of the results of a research workshop which convened experts to conduct a comprehensive scientific review data on heart attack symptoms in women. The plan will provide for specific media relations, marketing, and outreach to partners around this issue. Working with the designated OPEC project team, the contractor shall ensure that this effort is coordinated with related activities being carried out under NHLBI's existing campaign for women on heart disease, The Heart Truth.

4. Native Hawaiian Kupuna-based Heart Health Education and Outreach

The impact of heart disease on the Native Hawaiian population demonstrates health disparities that underscore the need for culturally tailored community education and outreach. Heart disease is the leading cause of death among Native Hawaiians beginning at the age of 25 and continues throughout their lifetime. The death rate for Native Hawaiians for heart disease is 66 percent higher than for the total state population. The Moloka'i Heart Study showed that Native Hawaiians are at high risk for heart disease as evidenced by the severity of their risk factors for CVD: prevalence of hypertension in Native Hawaiians was about 40 percent in those ages 40-59 years; blood cholesterol levels among Native Hawaiians were higher than U.S. whites; and the overall prevalence of cigarette smoking was 42 percent for men and 34 percent for women. The average BMI level for women ages 45-54 years was 31.6, signaling an extremely high prevalence of obesity.

Demographics of Moloka'i

Moloka'i is the fifth largest of the eight inhabited Hawaiian Islands. There are no stop lights, escalators, or buildings taller than a coconut tree. Moloka'i has been referred as the "last Hawaiian Island" because this island has the largest plurality of Native Hawaiians (62 percent). With over 7,000 residents, the remaining population demographic breakdown includes approximately 18 percent Filipinos, 14 Caucasian, 5 percent Japanese, and 2 percent others. Moloka'i is accessible only by fishing boat, commercial airline, ferry, or air taxi, with an average flight of 30 minutes between the islands of Oahu and Maui, at a cost of approximately \$140 per round trip. Currently, 45 percent of Moloka'i's residents have incomes below the 200 percent Federal poverty limit. Their average annual per capita income is \$9,469. On Moloka'i, 20 percent of the population 18 years and over does not have a high school diploma, as compared to a statewide rate of 10.1 percent. Forty-two percent of Moloka'i residents are reading at a below an eighth grade level of education.

The Native Hawaiian Kupuna-Centered Education and Outreach Project has as its overall goal, to improve heart health of Native Hawaiians families and school age children, primarily elementary age. The approach will begin with the development and implementation of a skills-building heart health curriculum and supporting tools that are culturally appropriate. The overall planning and implementation process is designed to involve kupunas (Native Hawaiian elders) in the product development, training, outreach, and evaluation of the project.

In the Native Hawaiian culture, kupuna (elders) are the "accepted sources of wisdom, the arbitrators of family disputes, the troubleshooters in family problems, and the custodians of family history." Kupuna are also the educators and trainers of the younger generations. Additionally, the female elder plays a significant supportive role in the keeping the family together and often takes part in the preparing children in family customs and etiquette (Source: Mokuau N and Browne C. Life Themes of Native Hawaiian Female Elders: Resources for Cultural Preservation. Social Work 39 (1): 43-49, 1994).

Multiple sources and activities in Hawaii have provided strong support for the importance of kupuna in the Native Hawaiian community. Key sources include NHLBI's direct participation in a strategy development workshop in Moloka'i. Other key community assessment sources include selected scientific literature, qualitative research conducted by the National Diabetes Education Program, and the historic 1998 Native Hawaiian Health and Wellness Summit and Island Meetings. The major results and community input from these community assessment resources are summarized below.

Several island meetings have been convened under the Native Hawaiian Heart Health Initiative. Under the leadership of Drs. Noa Emmett Aluli and Philip Reyes, the Native Hawaiian Heart Health Initiative is a result of 15-year community effort in the island of Moloka'i to study the burden of heart disease on Native Hawaiians and to identify culturally relevant interventions to address and alleviate it. The NHLBI cosponsored an island meeting in Moloka'i (December 4-6, 1998). Report available at: http://www.nhlbi.nih.gov/health/prof/heart/other/aapi_sum.htm Participants included Native Hawaiian physicians, community leaders, elders, and young adults. The community stated that the following concepts are important in developing culturally relevant interventions for Native Hawaiians: 1) use the ohana (family) as an education unit; 2) teach prevention for the whole family; 3) empower the community by nurturing community members to become health extenders/navigators; and 4) encourage all segments of the community to work together for heart health.

Community input from the other islands reiterated these concepts and more importantly, the elders have been strong advocates in these island meetings. The kupunas value their ability to enhance group and family learning and serve as role models for healthy behaviors. They have asked for educational tools that are culturally tailored to meet the unique heart health needs of children (keiki).

Progress to Date

The first phase of the project was conducted by Moloka'i General Hospital, which: 1) established an advisory group with school teachers, kupunas, community leaders, families, lay health educators, and health care professionals to conduct a meeting as a way to provide feedback and support for the project; 2) identified and reviewed existing curriculums that can be tailored for kupunas and elementary school children; 3) used a local Native designer and writer to develop a comprehensive outline with examples of the training curriculum that emphasizes cultural strength and value-based messages and materials.

Under this task order, the contractor will conduct the second phase of the project which will consist of the following: 1) developing the kupuna curriculum, which includes an interactive curriculum with activities for 4th graders, kupuna script, and evaluation tools; 2) conducting a pilot test of the curriculum with the school children and kupunas at one elementary school in Moloka'i, Hawaii; 3) developing an interactive multimedia CD-ROM with video and audio clips of kupunas, health care professionals, and other community role models; 4) conducting educational outreach to four schools in Moloka'i, Hawaii. Kupunas in each school will be trained to use the curriculum; 5) disseminating the curriculum to elementary schools on other Hawaiian islands; and 6) evaluating the effectiveness of the overall project.

Some of the heart health tools identified may include, but not be limited to:

- # Skill-building, easy-to use, low-literacy picture-based heart health curriculum for kupunas.
- # Games and activities handouts cards for children and their family
- # Series of outreach activities to be conducted at community-wide events
- # Develop a culturally and environmentally appropriate CD-ROM for children and young-at-heart adults with audio track and interactive video on physical activity and nutrition that would capture such

elements as hula dancing, native songs, motivational messages, traditional foods, cooking demonstrations, healthy snacking, and interactive games (i.e. chicken and the hen).

Examples of related children's heart health Web sites and ideas:

<http://www.kidnetic.com/>

<http://www.bam.gov/>

<http://www.cdc.gov/powerfulbones>

<http://www.healthyfridge.org/justforkids>

http://www.missionnutrition.ca/english/students/students_home.asp

<http://www.dole5aday.com/>

TO # NICS-133

TITLE: NHLBI Web-Based Diseases and Conditions Index - Content Development and Usability Studies

PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0_____

Contractor:

Points of Contact:

Phone:

Fax:

Address:

TOTAL ESTIMATED COST:

Pricing Method: CR

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: _____

Signature

Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # _____

Appropriations Data: _____

RECOMMENDED: _____

FAX #

Signature - Project Officer

Date

APPROVED: _____

FAX #

Signature - Contracting Officer

Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: _____

Fax#301-435-6101

Signature –Anthony M. Revenis, J.D., NIH-ICS Coordinator

Date